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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  120-334						
I hereby certify that this correspondence is being electronically filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below  on <u>June 16, 2008</u>  Signature <u>/Christine M. Morrisette/</u>  Typed or printed <u>Christine M. Morrisette</u> name	In re Application of Cai  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number 10/784757</td> <td style="width: 50%; padding: 2px;">Filed 02/23/2004</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For PIM Designated Router Functioning on Behalf of Local IGMP Hosts in Multi-Access Network</td> </tr> <tr> <td style="padding: 2px;">Art Unit : 2153</td> <td style="padding: 2px;">Examiner: Phan</td> </tr> </table>		Application Number 10/784757	Filed 02/23/2004	For PIM Designated Router Functioning on Behalf of Local IGMP Hosts in Multi-Access Network		Art Unit : 2153	Examiner: Phan
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Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ <u>510.00</u></span>  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:            <input type="checkbox"/> A check in the amount of the fee is enclosed.            <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.            <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.            <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>502569</u>. I have enclosed a duplicate copy of this sheet.            <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.         </div> <div style="width: 15%; text-align: right;">           \$ _____         </div> </div> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> I am the <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> applicant/inventor.   <input type="checkbox"/> assignee of record of the entire interest.            See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.            (Form PTO/SB/96)   <input checked="" type="checkbox"/> attorney or agent of record.            Registration number <u>37272</u>   <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.            Registration number if acting under 37 CFR 1.34. _____         </td> <td style="width: 50%; vertical-align: top;"> <u>/Holmes W. Anderson/</u>            Signature   <u>Holmew W. Anderson</u>            Typed or printed name   <u>978-264-4001</u>            Telephone number   <u>June 16, 2008</u>            Date         </td> </tr> </table> NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			<input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>37272</u>  <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____	<u>/Holmes W. Anderson/</u> Signature  <u>Holmew W. Anderson</u> Typed or printed name  <u>978-264-4001</u> Telephone number  <u>June 16, 2008</u> Date				
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<input type="checkbox"/> *Total of _____ forms are submitted.								

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.